

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016141

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 70

AMENDED

FILED MAY 4 1961

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston	Length of stay in 1b 11 hours	c. CITY OR TOWN Lilbourn	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Pearl Middle J. Last Stearns			4. DATE OF DEATH Month 4 Day 26 Year 61		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-30-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 11 Days 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Nathaniel P. Stearns		13b. MOTHER'S MAIDEN NAME Annie Bass	14. NAME OF HUSBAND OR WIFE Florence Ethel Stearns		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address Wife, Florence Stearns, Lilbourn, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCT		INTERVAL BETWEEN ONSET AND DEATH 14 hrs
DUE TO (b) ART. SCLER. HEART DIS.		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4-26-61	20f. CITY, TOWN, OR LOCATION 4-26-61	COUNTY 4-26-61	STATE 4-26-61
21. I attended the deceased from 4-26-61 to 4-26-61 and last saw her alive on 4-26-61 . Death occurred at 10:50 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Carl G. Popp MS. (Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 4-27-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-29-61	23c. NAME OF CEMETERY OR CREMATORY City Cem. (old)	23d. LOCATION (City, town, or county) (State) Sikeston, Missouri
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24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-29-61	26. REGISTRAR'S SIGNATURE Miss Ellen Hunter
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DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

MAY 5 1961

OCT 3 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David H. Ponds

Licensed Embalmer No. 5030

P. O. Address Lilham, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.